

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only			
Identification of IPEA	Date of receipt of DEMAND		
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION			
International application No. PCT/US2005/001436		International filing date (day/month/year) 14/01/2005 (Jan. 14 2005)	Applicant's or agent's file reference 96605/34PCT
		(Earliest) Priority date (day/month/year) Jan 16 2004 (01/16/04)	
Title of invention Methods and Apparatuses For Medical Imaging			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) The University of Houston System The University of Houston Associate General Counsel; Office of IP Management 316 E. Cullen Building Houston, TX 77204-2015		Telephone No. 713. 743. 3754	
		Facsimile No. 713.743. 9956	
		Teleprinter No. n/a	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Naghavi, Morteza AEHA 2472 Bolsover, No. 439 Houston, TX 77005 United States of America			
State (that is, country) of nationality: US	State (that is, country) of residence: US		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Kakadiaris, Ioannis A. 4434 Lula Bellaire, TX 77401 United States of America			
State (that is, country) of nationality: US	State (that is, country) of residence: US		
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Continuation of Box No. II APPLICANT(S)*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Strozier, Rober W.
 PO Box 429
 Bellaire, TX 77402
 United States of America

Telephone No.	713. 977 . 7000
Facsimile No.	713. 977. 7011
Teleprinter No.	n/a
Agent's registration No. with the Office	34,024

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed
 the description as originally filed
 as amended under Article 34

the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
 3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d)).
 4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: **Englishe**

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/US2005/001436	For International Preliminary Examining Authority use only
Applicant's or agent's file reference 96605/34PCT	Date stamp of the IPEA
Applicant The University of Houston System	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee 750.00 P	
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) 172.00 H	
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box 922.00 TOTAL	
MODE OF PAYMENT	
<div style="display: flex; justify-content: space-around;"> <div style="flex: 1;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input checked="" type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft </div> <div style="flex: 1;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): </div> </div>	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
IPEA/ US Deposit Account No.: 501518 Date: July 7, 2005 Name: Robert W. Strozier Signature: 	